## **Notice of Retention**

	Owner Name							REQUIRED
	Original Contractor Name							REQUIRED
Project Property	Location Description:							
	Street:							REQUIRED
	City:							REQUIRED
	Zip:							REQUIRED
	County:							REQUIRED
Contracted By	Tax Parcel ID(s):							REQUIRED
	Name:							REQUIRED
	Street 1:							REQUIRED
	Street 2:							
	City:							REQUIRED
	State:							REQUIRED
	Zip:							REQUIRED
	Email:							
Ö	Phone:							
Person Furnishing Preconstruction Services								
	Name:							REQUIRED
	Street 1:							REQUIRED
	Street 2:							
	City:							REQUIRED
	State:							REQUIRED
	Zip:							REQUIRED
	Email:							REQUIRED
	Phone:							REQUIRED
Persor Preco	Description of Work Provided:							REQUIRED
Optional Emails	Emails will be sent to these em	ails whenev	er any	one files	against this proper	rty.		
	Email 1:							
	Email 2:							
Э О	Email 3:							
Payment	Payment \$8.00							
	Bill My Visa □ Master	Card□	Card	l #				CVV
	Expiration Date:			Street	•			
Ps	City:			State:		Zip	•	
	Failure to provide payment will result in this notice being returned as <b>not filed</b> .							
	Terms and Conditions – <b>Processing fees are due at the time of filing.</b> Fees are non-refundable. Filings will be deemed "filed" when the designated agent receives a complete form and valid payment. Incomplete filings will be returned as not filed and corrections will be subject to an additional processing fee. The individual or entity filing this form assumes all liability for the completeness and accuracy of the form, and for it being "filed" within the time limits specified in Utah state law. Neither the state of Utah, the SCR, nor its designated agent is responsible for lost, late, or misdirected mail. The state of Utah, the SCR, and its designated agent specifically							
	its designated agent is responsible disclaim any liability for the timeli							
	(for example, but not limited to, te			issions).			-	,
	Signature		Title: Date:			Date:		